

## **Resolution No. 2010/10/VI of the Hungarian Accreditation Committee**

### **On the establishment of a national accreditation mechanism regarding the quality assurance of foreign clinical training sites in Hungarian medical training**

#### **I. Accreditation procedure for the quality assurance of foreign clinical training sites**

1. All four Hungarian higher education institutions concerned [i.e. all Hungarian higher education institutions in possession of a legal authorisation to train practitioners in general medicine in Hungary: Semmelweis University, University of Debrecen, University of Pécs, University of Szeged], following an agreement and the joint establishment of a draft schedule for conducting site visits, shall call upon the President of the Hungarian Accreditation Committee (hereafter: HAC) to initiate the composition of a Visiting Committee (VC) for each of the sites in question and to conduct the procedure. The HAC shall conduct the procedure of accreditation of foreign training sites **either** within the framework of the *parallel program accreditation* of medical training, **or** upon occasional request during the accreditation period, within the framework of a *monitor procedure*, taking into account the predetermined deadlines<sup>1</sup>.

2. The HAC shall appoint the Chairs of the Visiting Committees, call upon them to compose Visiting Committees, each including 2-3 persons from various Hungarian or foreign institutions.

3. The establishment of a contact with the foreign sites concerned, the logistic organisation and realisation of visits – except for the preparation of the Visiting Committees for the accreditation procedure – shall be carried out by the four Hungarian medical schools based on joint agreement and with the sharing of the related costs.

Prior to the beginning of a visit, HAC organises a short preparatory training for the Visiting Committee.

4. **Within 30 days following the visit**, the Visiting Committee **shall compose a report for the HAC** based on its experience. In its report the VC **assesses the fulfilment of the required criteria of accreditation** (as regards professional activity, training staff and material conditions) at the foreign site (see also the *Aspects of examination and assessment*) and formulates a **proposition concerning the accreditation of the site in question**.

5. **The HAC shall pass a resolution** on the issue on the occasion of its next plenary session. It **shall inform the rectors of the four medical schools** (University of Debrecen, University of Pécs, Semmelweis University, University of Szeged) of its resolution in a written form.

6. The *parallel course accreditation* in medical training taking place every 5 years includes the **accreditation assessment of foreign clinical training sites**.

7. **HAC shall publish on its official website, in Hungarian and in English, the list of foreign training sites regarding which a positive resolution was passed after the procedure**

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<sup>1</sup> Within 12 months following course accreditation, and within 12 months following the sending of the first students in the case of newly proposed sites which had not been visited so far.

described above. HAC shall regularly update its website, also indicating the date of the latest update. Hungarian medical schools shall publish the same information on their websites and continuously update their websites' contents related to study and clinical training opportunities abroad complying with the accreditation criteria.

**II. Accreditation criteria: standards for examination and assessment, professional requirements in the quality assurance of foreign clinical training sites**

1. Compliance with the following standards is requested from the institutions (hospital, clinic, institute) to be accredited:

- The **medical training and the particular clinical site is accredited** in its own country
  - either as part of the nationally accredited medical training,
  - or by the USA (complying with NCFMEA standards),
  - or by the accreditation body of a European Union Member State.
- In a country where no teaching hospital, clinical training site accredited by a European Union Member State or the United States operates, the accreditation procedure is to be conducted with special care.

2. The institution (hospital, clinic, institute) to be examined must have provided the necessary information by the required official documents:

- it must have completed the data request form received from the Hungarian medical school functioning as a contact point to the foreign institution (see also the *Questionnaire* in Appendix of the present Resolution);
- it must have declared that it provides the possibility of carrying out a clinical training program based on the relevant professional requirements (see also the *Academic requirements és List of competence required* in the appendix of the present Resolution).

3. Requested **professional and staff criteria**:

- The head of the organisational unit/department and its staff must have experience in the training of students of general medicine, there must be an **intern program**;
- the head of the unit/department must be a specialist with considerable experience and acknowledged in the higher education of the country concerned;
- at least 3 specialists and a sufficient number of practitioners must be working at the site/unit to allocate sufficient time to be spent on training.

4. Requested **material criteria**:

- Infrastructure necessary for compliance with the professional and special requirements (see also the *Academic requirements és List of competence required* in the Appendix), according to contemporary quality standards,
- availability of other conditions and services (to be enumerated in the framework of bilateral agreements) ensuring the safe execution of tasks and activities of students accepted for clinical training.

5. HAC shall investigate and assess the fulfilment of the criteria set in points 1-4 above based on the documentation provided by the foreign institution, as well as the reported experiences of the Visiting Committee, except for EU Member States where no site visit is required.

In the assessment of an institution considered acceptable as a clinical training site, the institution's particular units complying with accreditation criteria and serving as a basis for the qualification as an accredited clinical training site need to be identified. A clinical training site can be accredited as a **teaching hospital** if at least one third of its units complies with the relevant accreditation criteria.

#### **Appendix:**

Appendix 1: Data request form - Questionnaire

Appendix 2: Academic requirements in six specialties

Appendix 3: List of competences required for the obtaining a diploma in Hungarian medical training

**Appendix 1:**

**Questionnaire for accreditation as “Teaching Hospital” or clinical training site  
in Hungarian medical education**

**Name of the hospital:** .....

**Department/unit:** .....

**I. Personnel:**

Head of the department/unit (name): .....

Specialization(s): .....

Years worked as a specialist . .....

Scientific degree: .....

Medical staff of the department/unit:

Number of residents and non-specialists: .....

Number of specialists (doctors only): .....

Number of doctors having more than one specialization: .....

**II. Patients:**

- Number of inpatient beds: .....

- Outpatients per year: .....

- Special profile(s) of the department/unit: .....

.....

**III. Diagnostic facilities and services available for the department/unit:**

- Clinical biochemistry: .....

- Radiology, X-ray, CT, MRI, PET: .....

- Molecular and macroscopic pathology: .....

- Other services: .....

.....

**IV. Graduate and postgraduate training (in the department/unit specified above, per semester):**

- Number of medical students trained per semester: .....

- Cumulative number of contact hours for medical students: .....

- Number of residents trained per semester: .....

- Cumulative number of contact hours for resident education: .....

//over please//

**V. Students accepted from the Faculty of Medicine of the given Hungarian University**

**V.1. Internship year (6<sup>th</sup> year medical students):**

Name of the subject: .....

Number of students accepted per year: .....

Number of weeks each student is accepted for: .....

Number of hours for consultation per student per term: .....

**V.2 Summer practice:**

Name of the subject: .....

Number of students accepted per summer: .....

Number of weeks each student is accepted for: .....

Number of hours for consultation per student per term: .....

Name of the subject: .....

Number of students accepted per summer: .....

Number of weeks each student is accepted for: .....

Number of hours for consultation per student per term: .....

**V.3 Clinical teaching blocks during the semester:**

Name of the subject: .....

Number of students accepted per semester: autumn: ..... spring: .....

Number of weeks each student is accepted for: .....

Number of hours for consultation per student per term: .....

Name of the subject: .....

Number of students accepted per semester: autumn: ..... spring: .....

Number of weeks each student is accepted for: .....

Number of hours for consultation per student per term: .....

(please duplicate this page if several subjects are to be taught in the department/unit specified in page 1.)

(date):

signature of the head of department/unit

## Appendix 2:

### Academic requirements for the 6<sup>th</sup> (clinical rotation) year

#### I. Program of the 6th year's requirements and clerkship in internal medicine

Students are provided with a lecture book in internal medicine at the beginning of their internal medicine studies, i.e. in September of the 5th year, which is to be completed in the final year.

The aim of the 6th year clerkship in internal medicine is to develop skills that meet the requirements of a young general practitioner. The clerkship is going to finish with an end semester-type exam (rigorosum) consisting of a written part (test), a practical part (investigation and evaluation of a patient) and an oral part (four titles).

To meet the requirements of the aim clerkship and that of the exam, the 7 week clerkship can be fulfilled completely in university hospitals or university teaching hospitals only providing tertiary care in the major internal medicine subspecialties: cardiology, endocrinology, gastroenterology, genetics, hematology/oncology, infectology/immunology, intensive care, nephrology, pulmonology/allergology. The seven-week clerkship should be structured as follows:

- 2 weeks cardiology – pulmonology
- 2 weeks endocrinology – diabetology – metabolic diseases
- 2 weeks nephrology – gastroenterology
- 1 week intensive care unit

The students are supposed to work as young resident doctors tutored by an assigned senior internal medicine specialist. The participation in the above practices should be signed by the assigned tutor in the lecture book indicating the activity of the student. The students should provide a written case report from each ward where they have done the practices (altogether four reports) to be evaluated by the tutor. Participation in grand rounds or consultations in cardiology, endocrinology, gastroenterology, hematology/oncology, infectology, intensive care, nephrology, pulmonology and immunology are required. It is extremely important for the student to be able to establish an appropriate relationship with patients and their relatives as well as to display appropriate diagnostic thinking by the end of the clerkship.

Certain practical skills in internal medicine have already been established during the 3-4-5th year internal medicine training of the students. To develop these skills to the level of a graduated general medical doctor, certain specific skills should be achieved as listed in the lecture book of students and are listed below.

History taking (hereto- and autoanamnesis)	C
Physical examination	C
Determination of blood pressure	C
Preparing and assessing outpatient charts	C
Preparing and assessing inpatient files	C
Preparing and assessing inpatient flow darts	C
Routine urinalysis	C
Evaluation of urinary sediment	C
Evaluation of CBC, determination of WBC and PLT by hemocytometry	C
Preparation and evaluation of peripheral blood smears. Assessment of differential count	C
Macroscopic evaluation of the stool	C
Nursing and feeding	C
Obtaining of somatometric factors and indices (body weight, height, BMI)	C
Physical antipyretic techniques	C
Somatomotoric and mental development status	C
Bed-side determination of blood group antigens	C

Red cell transfusion	K
Application of plasma-derived preparations	K
Platelet transfusion	K
ECG analysis	C
ABPM	C
HOLTER monitoring	C
Blood sampling – finger prick and venous blood	C
Analysis of blood gases and acid-base balance	C
Application of intracutaneous, subcutaneous, intramuscular and intravenous injection	C
Establishing i.v. line and application of parenteral infusion	C
Assessment and treatment of dehydration	C
Assessment of hernias	C
Reposition of inguinal and umbilical hernias	C
Bladder catheterization	C
Performing gastric lavage	C
Assessment of electrolyte homeostasis and correction of electrolyte disturbances	C
Application of positive inotropic agents	K
Treatment of asthmatic attacks	K
Treatment of seizures and convulsions	K
Anti-infective treatment	K
Antipyretic treatment	C
Dosages and use of frequently used drugs	K
Dosages and use of life-saving drugs	C
Differential diagnosis of sore throat	K
Differential diagnosis of rashes	K
Differential diagnosis of vomiting	K
Differential diagnosis of diarrhea	K
Differential diagnosis of constipation	K
Differential diagnosis of bleeding disorders	K
Differential diagnosis of anemia	K
Differential diagnosis of jaundice	K
Differential diagnosis of hepatosplenomegaly	K
Differential diagnosis of cyanosis	K
Differential diagnosis of hypertension	K
Differential diagnosis of proteinuria and hematuria	K
Differential diagnosis of hyperglycemic and hypoglycemic coma	C
Evaluation and treatment of the unconscious patient	K
Evaluation and treatment of urinary tract infections	K
Evaluation and treatment of patients with heart murmur and arrhythmias	K
Evaluation of chest X-ray	K
Evaluation and treatment of diabetic ketoacidosis	C
Oral glucose tolerance test	K
Assessment of growth hormone level-performance of dopamine and insulin test	K
Evaluation of frequently used laboratory parameters	K
Complex resuscitation	K
Mechanical ventilation	K
Continuous monitoring of patients treated in intensive care unit	K
Bone marrow aspiration, biopsy. Evaluation of panoptically stained bone marrow smears	A
Central venous line	A
Measurement and evaluation of central venous pressure	A

Cranial ultrasound	A
Abdominal ultrasound	K
Echocardiography	A
Irrigoscopy	A
Cranial CT	A
Urography	A
Radiologic examination of gastrointestinal passage	A
Native abdominal X-ray	K
Panendoscopy	A

A = awareness, C = competence, K = knowledge

**If the teaching hospital does not meet the above requirements, the students should spend at least two weeks of their clerkship in the Department of Internal Medicine of the given home university whose medical diploma will be issued.**

*Anyway, to spend two weeks at the Department of Internal Medicine of the home university is strongly recommended so as to acquire the necessary knowledge in the particularities of internal medicine of the home country of the university, i.e. Hungary.*



**Completion of Internal Medicine**

Name of the student: \_\_\_\_\_

Starting date: (DD, MM, YYYY)\_\_\_\_\_

Place of course: \_\_\_\_\_

\_\_\_\_\_

Finishing date: (DD, MM, YYYY): \_\_\_\_\_

Assessment: \_\_\_\_\_

Comments, suggestions and proposals of assessing doctor(s):

.....

Signature

and

stamp

## **II. Program of the 6th year's requirements and clerkship in surgery**

The aim of the course is to ensure that students observe and then, to a certain degree, apply the knowledge acquired to practice, and to have students familiarize themselves with the process of surgical work on ward in a period of time much longer than ever before and to study and carry out ward work. Furthermore, during the course, students are expected to revise practical knowledge acquired before and repeat the activities which they have previously practiced.

Tasks to be performed integrated in the daily schedule:

7:30 am – 7:45 am	Ward Round
7:45 am – 8:00 am	Meeting in the Library (discussion of interesting clinical cases and previous day on-call)
8:00 am – 8:30 am	Ward Work
8:30 am – 2:30 pm	Operating Theatre / ward work
2:30 pm – 3:00 pm	Ward Round
3:00 pm – 3:30 pm	ITO Ward Round

By the end of the term students will understand and will be able to perform the clinical examination and clerking of the patients, will be able to change dressings, administer injections, give infusions and transfusions under the supervision of a doctor.

They will achieve the following in postoperative and intensive care:

- Will have a clear understanding of the principal issues in cardio-pulmonary resuscitation (CPR) and their application in practice using adequate equipment.
- Understand the management of gastrointestinal bleedings
- Understand some aspects of postoperative treatment after major operations (i.e. stomach, gall bladder, liver, pancreas and colonic surgery.)

### Operating Theatre work

Students will be able to assist in hernia operations, appendectomy, laparoscopic and traditional cholecystectomy, GI and endocrine surgery, varicose vein surgery and haemorrhoidectomy.

**If the teaching hospital does not meet the above requirements, the students should spend at least two weeks of their clerkship in the Department of Surgery of the given home university whose medical diploma will be issued.**

***Anyway, to spend two weeks at the Department of Surgery of the home university is strongly recommended so as to acquire the necessary knowledge in the particularities of surgery of the home country of the university, i.e. Hungary.***

**Completion of Surgery**

Name of the student: \_\_\_\_\_

Starting date: (DD, MM, YYYY): \_\_\_\_\_

Place of course: \_\_\_\_\_  
\_\_\_\_\_

Finishing date: (DD, MM, YYYY): \_\_\_\_\_

Assessment: \_\_\_\_\_

Comments, suggestions and proposals of assessing doctor(s):

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Signature and stamp

### **III. Program of the 6th year's requirements and clerkship in neurology**

The duration of the practicum is four weeks with a one-week preparation time. For the time of the practicum a tutor is assigned to students. Students are supposed to have the course certified in their lecture book by the doctor in charge of ward and in charge of duties as well as by laboratory heads.

Students participate in the work of the male and female neurological wards as well as cerebrovascular wards. They also take the history of a newly arrived patient one day. They attend consultations and are on call once a week.

They familiarize themselves with typical neurological disorders, the possibilities of differential diagnosis and modern therapy. They get an insight into EEG and the evoked potentials, EMG, ultrasound laboratories and consultations for out-patients. They attend the "journal club" of the department/hospital, and neuroradiological and neuropathological presentations.

The department provides the students with a detailed list of topics (on the basis of which they prepare for the examination). Students are allowed to take examinations after satisfying the requirements mentioned above. The examination consists of a test, a practical and a theoretical examination.

The student has to apply in advance to the Head of Department for permission to spend the 6<sup>th</sup> year practice at another Hungarian institution or at a neurology department abroad. Only half of the neurology internship may be spent abroad. A certificate of the internship spent outside Hungary cannot be accepted unless it has been approved in advance by the Head of Department.

**If the teaching hospital does not meet the above requirements, the students should spend at least two weeks of their clerkship in the Department of Neurology of the given home university whose medical diploma will be issued.**

***Anyway, to spend two weeks at the Department of Neurology of the home university is strongly recommended so as to acquire the necessary knowledge in the particularities of neurology of the home country of the university, i.e. Hungary.***

**Completion of Neurology**

Name of the student: \_\_\_\_\_

Starting date:(DD,MM,YYYY)\_\_\_\_\_

Place of course:\_\_\_\_\_

Tutor:\_\_\_\_\_

**Place, date and certificate of the practicum**

Female neurological ward:\_\_\_\_\_

Male neurological ward:\_\_\_\_\_

Cerebrovascular ward:\_\_\_\_\_

Consultation for out-patients:\_\_\_\_\_

Neurological history has been taken:\_\_\_\_\_

**Laboratories**

EEG, EP \_\_\_\_\_

EMG \_\_\_\_\_

Ultrasound \_\_\_\_\_

Neuropathology \_\_\_\_\_

Serology \_\_\_\_\_

Being on call \_\_\_\_\_

Finishing date: (DD, MM, YYYY): \_\_\_\_\_

Assessment:\_\_\_\_\_

Comments, suggestions and proposals of assessing doctor(s):

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Signature and stamp

#### **IV. Program of the 6th year's requirements and clerkship in psychiatry**

Students are assigned for two weeks to the male and for another two weeks to the female ward. Working hours are from 8.00 a.m. till 2.00 p.m., when they are expected to participate fully in the ward's activities.

On the first day of the practicum the doctors in charge of wards introduce their wards and give a precise description of psychiatric examinations and alterations. Students attend the daily rounds, consultations; the "journal club" and once a week are on call. During the course, they take two case histories and plan patients' examinations and therapy.

##### ***Program of the practicum block (requirements of the final examination)***

Students make the psychiatric examination of both co-operative and non-co-operative patients. They take auto- and heteroanamneses. They study how the course of life, family and social circumstances, the environment, previous diseases and genetic factors have contributed to the present disorder. They ask "compulsory questions" in order to detect the "endangering state" of the patients.

When taking a detailed history, including internal and neurological examinations, students examine the mental state of patients. They familiarize themselves with psychological tests and do the evaluation of the findings.

Students are expected to decide whether a patient should be sent to a psychiatric institute or not. They should also be able to judge the endangering state of a patient and know the legal regulations of referring patients to hospital.

During the course, students acquire simple psychotherapeutic techniques and learn how to "make a contract" with a patient. They are supposed to deal with acutely endangering states and recognize and treat crisis situations and presuicidal syndrome.

Students learn to give information on alcoholism and its prevention. They study and apply therapy. They are supposed to predict the psychiatric complications of alcoholism, e.g. delirium tremens, hallucinatory and paranoid psychosis, dementia, and Korsakoff's syndrome and characteropathy.

Students learn how to prevent the development of and check drug dependency (the doctor is often to blame). They study toxicomanias, drug dependent states, and are expected to decide on the measures to be taken. They recognize acute extrinsic reactions, symptomatic psychosis and organic psycho syndrome and analyze the causes. They also recognize dementias and their stages of severity using a mini mental test and Hachinski's ischemic rating scale.

Students recognize endogenic psychoses and familiarize themselves with the therapeutic principles. They study the effects and side-effects of psychopharmacocons. They recognize malignant neuroleptic syndrome and lithium intoxication. They learn to treat intoxication. They study antidotes and their applications.

Students recognize and treat anxiety cases. They familiarize themselves with psychosomatic disorders and therapy, somatoform, dissociative, obsessive-compulsive disorders, sleep disturbances and their therapy, psychopathy and the balance of psychotherapy and pharmacotherapy.

**If the teaching hospital does not meet with the above requirements, the students should spend at least two weeks of their clerkship in the Department of Psychiatry of the given home university whose medical diploma will be issued.**

***Anyway, to spend two weeks at the Department of Psychiatry of the home university is strongly recommended so as to acquire the necessary knowledge in the particularities of psychiatry of the home country of the university, i.e. Hungary.***

**Completion of Psychiatry**

Name of the student: \_\_\_\_\_

Starting date: (DD, MM, YYYY): \_\_\_\_\_

Place of course: \_\_\_\_\_  
\_\_\_\_\_

Finishing date: (DD, MM, YYYY): \_\_\_\_\_

Assessment: \_\_\_\_\_

Comments, suggestions and proposals of assessing doctor(s):

.....  
Signature and stamp

## **V. Program of the 6th year's requirements and clerkship in obstetrics and gynaecology**

In the 6th year there is 5 weeks practice with one 24 hours duty each week. Each student has a supervisor, but we also give a rotation plan for the 5 weeks. In case of absence more than two days the head of Department may refuse the signature.

To absolve the final exam it is obligatory to fulfil 35 days practice and minimum 5 duties. We give a Topic Sheet, the practices and duties must be verified by the signatures of the supervisor and the education officers. The 6 weeks long clerkship should be structured as follows:

- 1 week in delivery room and postpartum ward
- 1 week in outpatient ward of gynaecology
- 1 week in outpatient ward of obstetrics
- 1 week in oncology ward
- 1 week in gynaecological surgery

The Topic Sheets must be preserved by the student until the final exam and have to be presented at the exam. The titles are from the Obstetrics by Ten Teachers edited by Stuart Campbell 17th edition and Gynaecology by Ten Teachers edited by Stuart Campbell 17th edition. There are written and oral parts of the exam and practical exam is also included. The practical part is an examination of a gynaecological or an obstetrical patient.

Certain practical skills in ob/gyn have already been established during the 4th year ob/gyn training of students. During the 6th year practice there are obligatory (O) and recommended /R/ practical skills to perform and there are practical skills what is obligatory to see or assist but not to perform/S/.

- History taking. (O)
- Physical examination of a female patient. . (O)
- Physical examination of a newborn.-Apgar score. /R/
- Vaginal examination with speculum. (O)
- PAP smear test. . (O)
- Bimanual vaginal examination. . (O)
- Rectal examination. . (O)
- Colposcopy .(O)
- Labor examination of vaginal discharge. /R/
- Breast examination. . (O)
- Examination of a pregnant patient-Leopold maneuver. (O)
- Ultrasound examination in pregnant patient. /R/
- Transvaginal sonography/R/
- Non stress tests. /S/
- Stress tests. /S/
- CTG examination. . (O)
- Miscopy. /S/
- Cesarean section. /S/
- Gynaecological laparoscopy. /S/
- Abdominal hysterectomy. /S/
- Oncological operation /S/
- Laparoscopy. /S/
- Hysteroscopy. /S/
- Minor vaginal operations (Cone-biopsy, LEEP) /S/
- Vaginal urogynecological operations. /S/



Vaginal hysterectomy. /S/  
Mammography. /S/  
Genetic counselling. /S/  
Assessment of fetal well-being before labor. /R/  
Assessment of fetal well-being during labor. /R/  
Blood-flow examination in pregnancy. /S/  
Blood typing (O)  
Urinalysis. /R/  
Vacuum aspiration. /S/  
Vacuum extraction. /S/  
Normal labor and delivery/S/  
Curettage. /S/  
Vaginal discharge sampling. /S/

A = awareness, C = competence, K = knowledge

**If the teaching hospital does not meet the above requirements, the students should spend at least two weeks of their clerkship in the Department of Obstetrics and Gynaecology of the given home university whose medical diploma will be issued.**

***Anyway, to spend two weeks at the Department of Obstetrics and Gynaecology of the home university is strongly recommended so as to acquire the necessary knowledge in the particularities of obstetrics and gynaecology of the home country of the university, i.e. Hungary.***

**Completion of obstetrics and gynaecology**

Name of the student: \_\_\_\_\_

Starting date: (DD, MM, YYYY): \_\_\_\_\_

Place of course: \_\_\_\_\_  
\_\_\_\_\_

Finishing date: (DD, MM, YYYY): \_\_\_\_\_

Assessment: \_\_\_\_\_

Comments, suggestions and proposals of assessing doctor(s):

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Signature and stamp

## **VI. Program of the 6th year's requirements and clerkship in pediatrics**

Students are provided with a lecture book in pediatrics at the beginning of their pediatric studies, i.e. in September of the 5th year, which is to be completed in the final year.

The aim of the 6th year clerkship in pediatrics is to develop skills that meet with the requirements of a young general practitioner. The clerkship is going to finish with an end semester-type exam (rigorosum) consisting of a written part (test), a practical part (investigation and evaluation of a pediatric patient) and an oral part (four titles).

To meet with the requirements of the aim of the clerkship and that of the exam, the 7 week long clerkship can be fulfilled completely in university hospitals or university teaching hospitals only providing tertiary care in the major pediatric superspecialties, i.e. perinatology, pediatric cardiology, endocrinology, gastroenterology, genetics, hematology/oncology, infectology/immunology, intensive care, nephrology, neurology, pulmonology/allergology and surgery.

The seven-week long clerkship should be structured as follows:

- 2 weeks in an infant ward, i.e. treating children under the age of one year;
- 2 weeks in a general pediatric ward or a pediatric internal medicine ward;
- 2 weeks in PICU/ICU;
- 1 week in an infectology ward.

The students are supposed to work as young resident doctors tutored by an assigned senior pediatrician. The participation in the above practices should be signed by the assigned tutor in the lecture book indicating the activity of the student. The students should provide a written case report from each ward they have done the practices (altogether four reports) to be evaluated by the tutor. Participation in grand rounds or consultations in perinatology, pediatric cardiology, endocrinology, gastroenterology, hematology/oncology, infectology, intensive care, nephrology, neurology and pulmonology/allergology are required and participation in grand rounds and consultations in genetics, immunology and surgery are recommended. It is extremely important for the student to be able to establish an appropriate relationship with children of any age and their parents as well as to display appropriate diagnostic thinking by the end of the clerkship.

Certain practical skills in pediatrics have already been established during the 5th year pediatric training of the students. To develop these skills to the level of a graduated general medical doctor, certain specific skills should be achieved as listed in the lecture book of students and are listed below.

History taking (hereto- and autoanamnesis)	C	Preparation and evaluation of peripheral blood smears.	
Physical examination of newborns	C	Assessment of differential count	C
General physical examination of infants and toddlers	C	Macroscopic evaluation of the stool	C
General physical examination of children	C	Nursing of healthy infants	C
Examination of the throat	C	Feeding of healthy and sick infants	C
Neurologic examination of newborns infants and children	K	Obtaining of somatometric factors and indices (body weight, height, head, chest and abdominal circumference, body surface area)	C
Determination of blood pressure in infants and children		Centile tables	C
Preparing and assessing outpatient charts	C	Determination of body temperature	C
Preparing and assessing inpatient files	C	Physical antipyretic techniques	C
Preparing and assessing inpatient flow darts	C	Care of the umbilical stump	C
Routine urinalysis	C	Prevention and treatment of oral thrush	C
Evaluation of urinary sediment	C	Somatomotoric and mental development.	
Evaluation of CBC, determination of WBC and PLT by hemocytometry	C	Developmental milestones	C

Use of the Dubowitz score	C	Differential diagnosis of cyanosis in infants and children	K
Use of the Apgar score	C	Differential diagnosis of hypertension in infants and children	K
Assessment of RDS scores (Downes' and Silvermans')	K	Differential diagnosis of proteinuria and hematuria in infants and children	K
Bed-side determination of blood group antigens		Differential diagnosis of hyperglycemic and hypoglycemic coma	C
Red cell transfusion	K	Evaluation and treatment of the unconscious patient	K
Application of plasma-derived preparations	K	Evaluation and treatment of urinary tract infections	K
Platelet transfusion	K	Evaluation and treatment of children with heart murmur and arrhythmias	K
ECG analysis in newborns, infants and children		Evaluation of chest X-ray in premature and mature newborn babies	K
Blood sampling – finger prick and venous blood		Evaluation of chest X-ray in patients with pneumonia	
Analysis of blood gases and acid-base balance	C	Evaluation and treatment of diabetic ketoacidosis	C
ESR analysis	C	Oral glucose tolerance test	K
Oral medication	C	Assessment of growth hormone level-performance of dopamine and insulin test	K
Application of suppository and clyisma	C	Evaluation of frequently used laboratory parameters	K
Application of intracutaneous, subcutaneous, intramuscular and intravenous injection in newborn, infants and children	C	Performing of lumbar tap	K
Establishing i.v. line and application of parenteral infusion	C	Liquor analysis	C
Assessment of VP shunt puncture	K	Performing of ventricular puncture	K
Assessment and treatment of dehydration	C	Intubation of newborn babies	K
Assessment of hernias	C	Complex resuscitation	K
Reposition of inguinal and umbilical hernias	C	Mechanical ventilation	K
Bladder catheterization	C	Continuous monitoring of patients treated in intensive care units	K
Performing gastric lavage	C	Insertion of catheters into umbilical vein and arteries	K
Performing of irrigation in infants and children	C	Exchange transfusion	K
Assessment of electrolyte homeostasis and correction of electrolyte disturbances	C	Diagnosis and treatment of air-leak syndromes	K
Application of positive inotropic agents	K	Hemodialysis, hemoperfusion, hemofiltration and plasmapheresis	K
Treatment of asthmatic attacks	K	Cardiac catheterization	A
Treatment of seizures and convulsions	K	Internal biopsy	A
Anti-infective treatment	K	Bone marrow aspiration, biopsy. Evaluation of panoptically stained bone marrow smears	A
Antipyretic treatment	C	Bronchoscopy	A
Dosages and use of frequently used drugs in pediatrics	K	Central venous lines	K
Dosages and use of life-saving drugs	C	Measurement and evaluation of central venous pressure	K
Differential diagnosis of sore throat	K	Cranial ultrasound	A
Differential diagnosis of rashes	K	Abdominal ultrasound	K
Differential diagnosis of vomiting in infants and children	K	Echocardiography	A
Differential diagnosis of diarrhea in infants and children	K	Chest fluoroscopy in patients with respiratory tract foreign bodies	
Differential diagnosis of constipation in infants and children	K	Irrigoscopy	K
Differential diagnosis of bleeding disorders in infants and children	K	Cranial CT	A
Differential diagnosis of anemia in infants and children	K	Cystography	K
Differential diagnosis of jaundice in infants and children	K	Urography	K
Differential diagnosis of hepatosplenomegaly in infants and children	K		

Radiologic examination of gastrointestinal passage	K
Native abdominal X-ray	K
EEG analysis	A
Panendoscopy	A

A = awareness, C = competence, K = knowledge

**If the teaching hospital does not meet with the above requirements, the students should spend at least two weeks of their clerkship in the Department of Pediatrics of the given home university whose medical diploma will be issued.**

*Anyway, to spend two weeks at the Department of Pediatrics of the home university is strongly recommended so as to acquire the necessary knowledge in the particularities of pediatrics of the home country of the university, i.e. Hungary.*

**Completion of pediatrics**

Name of the student: \_\_\_\_\_

Starting date: (DD, MM, YYYY): \_\_\_\_\_

Place of course: \_\_\_\_\_  
\_\_\_\_\_

Finishing date: (DD, MM, YYYY): \_\_\_\_\_

Assessment: \_\_\_\_\_

Comments, suggestions and proposals of assessing doctor(s):

.....  
Signature and stamp

**Appendix 3:**

**Competence list required for obtaining the M.D. degree  
at Hungarian Medical Schools**

*(University of Debrecen, Faculty of Medicine, University of Pécs, Faculty of Medicine,  
Semmelweis University of Budapest, Faculty of Medicine or University of Szeged, Faculty  
of Medicine)*

<b>Skills for each specialization</b>	<b>Required level of knowledge: Theoretical knowledge (TK) Seen (S) Participated (P)</b>
<b><i>Obstetrics-gynecology skills</i></b>	
<i>Physical examinations</i>	TK,S,P
History of previous illness	TK,S,P
General physical examination	TK,S,P
Examination of the external organs	TK,S,P
Examination with speculum	TK,S,P
Bimanual examination	TK,S,P
Rectal examination	TK,S,P
Rectovaginal examination	TK,S,P
Amin-probe	TK,S,P
Vaginal PH-measurement	TK,S,P
Mikroscopic smear examination	TK,S,P
Cervical sampling	TK,S,P
Onkocitologic sampling	TK,S,P
Colposcopic examination	TK,S,P
Abdomial-pelvic ultrasound examination	TK,S
Vaginal ultrasound examination	TK,S
Curettage	TK,S
Abortion	TK,S
Surgical abortion	TK,S
Endometric-aspiration	TK
Diagnostic laparoscopy	TK
Infertility work-up	TK,S
Basal-temperature measurements and evaluation	TK,S,P
Physical examination of the cervical secretion	TK,S,P
Postcoital-test execution and evaluation	TK,S
Hysterosalpingography	TK
Chromohydrotubatio	TK
Self breast examination- education	TK,S,P
Diaphragm insertion	TK
Foley-catheter insertion	TK,S,P
Cervical electrocoagulation	TK
Operative laparoscopy	TK,S
Counselling on contraception	TK,S,P
IUD insertion	TK,S



Laparoscopic sterilization	TK
<i>Obstetrics</i>	
Preconceptional education	TK,S,P
Early pregnancy risk assessment	TK,S
Biochemical screening for anuopoidy	TK
Serological screening in pregnancy	TK
Haematological screening in pregnancy	TK
Screening for diabetes in pregnancy	TK,S
Estimated date of delivery by Naegele's method	TK,S,P
Correction of the EDD by Naegele's method according to the length of cycle	TK,S,P
EDD according to CRL	TK,S,P
EDD according to the first fetal movement	TK,S,P
Examination in early pregnancy	TK,S,P
Counselling on diabetes	TK,S
Counselling with positive haematological screening result	TK,S
Counselling with positive blood-group serological screening test	TK,S
Counselling with positive lues serology screening result	TK
Examination in 2nd and 3rd trimesters	TK,S,P
Leopold-maneuvers	TK,S,P
Determine lie and presentation by abdominal examination	TK,S,P
Determine gestational age by measuring sy-fu distance	TK,S,P
Determine gestational age by measuring abdominal circumference	TK,S,P
Auscultation of fetal heart sounds	TK,S,P
Defining cervical-index	TK,S,P
Performing and evaluating of CTG	TK,S,P
Performing and evaluating of NST	TK,S,P
Ultrasound examination in early pregnancy	TK,S
Amniocentesis	TK
Ultrasound examination in midterm pregnancy	TK,S
Chorionic biopsy	TK
Ultrasound examination in 3rd trimester	TK,S
Evaluating of oxytocin contraction test	TK,S
Observation patient during labour	TK,S,P
Obstetrical physical examination	TK,S,P
Bishop-score calculation	TK,S,P
Rupture of the amniotic-sac	TK
Perineal protection methods	TK,S
Anaesthesia of the perineum	TK,S
Epidural anaesthesia	TK,S
Episiotomy	TK,S
First duties with the newborn	TK,S
Suction of the newborn's nose and pharynx	TK,S
Apgar staging	TK,S,P
Conduction of the placental stage	TK,S
Examination of the placenta and the umbilical cord	TK,S,P
Calculating the blood loss during delivery	TK,S
Suturing the episiotomy	TK,S

Delivery induction with medications	TK,S
Spontaneous vaginal delivery conduction	TK,S
Fetal scalp blood sampling	TK
Instrumental delivery	TK,S
Caesarean-section	TK,S
Physical examination in puerperium	TK,S,P
<b><i>Paediatric skills</i></b>	
Acquiring history from parents	TK,S,P
Infant bathing, changing diapers and clothes	TK,S
Feeding the infant (also with feeding-bottle)	TK,S
Preparing the infant's vegetables	TK,S
Preparing the formula (infant nutrition)	TK,S
Calculations of infant's calorie-needs	TK,S,P
Measurements of weight, length, chest- and head-circumference in infants	TK,S,P
Use of percentile-tables and evaluation	TK,S,P
Body-surface calculation	TK,S,P
Temperature measurements in infants	TK,S,P
Applying cooling bath	TK,S
Umbilical cord management in newborns	TK,S
Local treatment of oral sore	TK,S,P
Evaluation of mental and motoric development	TK,S,P
Use of Dubowitz-score	TK,S,P
Use of Apgar-score	TK,S
Use of RDS-score	TK,S
Physical examianation of the newbrons and prematures	TK,S,P
Physical examianation of the infant	TK,S,P
Physical examianation of the children	TK,S,P
PB measuring on infant	TK,S
BP measuring on children	TK,S
Documenting ambulatory patients	TK,S
Filling the chart	TK,S
Continuous upgrade of the flow-chart	TK,S
Urine examination with test-tube probe and stix	TK,S,P
Examination of the urine sediment	TK,S,P
WBC, PLT counting	TK
Qualitative blood analysis	TK,S
Performing reticulocyte-count	TK
Blood group analysis	TK,S
Stool examination macroscopically	TK,S
Examination of the epiglottis with laryngoscope	TK,S
Preparing an EKG, evaluation	TK,S
Blood sampling from fingerstick	TK,S
Blood sampling by venous approach	TK,S
Blood-gas analysis	TK,S
We preparing	TK,S
Po. medication administration	TK,S
Suppository administration	TK,S

Ic. injection (Mantoux) administration	TK,S
Sc. injection administration	TK,S
Im. injection administration	TK,S
Iv. injection administration	TK,S
Infusion administration, assembling	TK,S
Evaluation of the function of VP shunt	TK,S
Neuroevolutionary examination on infants	TK,S
Habilitational training for infants	TK,S
Detecting the stage of dehydration	TK,S,P
Repositioning inguinal and umbilical hernia	TK,S
Inserting Foley's-catheter	TK,S,P
Gastric lavage	TK,S
Administering enema	TK,S,P
Po. and parenteral rehydration planning	TK,S,P
Preparing the plan for correction of electrolyte and acid-base disturbances	TK,S,P
Applying digitalis	TK,S,P
Treatment of status asthmatics (life threatening exacerbation of bronchial asthma)	TK,S,P
Treatment of status epileptics (life threatening exacerbation of seizure)	TK,S,P
Preparing the plan for antibiotic treatment	TK,S,P
Differential diagnosis of furred-throat	TK,S
Differential diagnosis of infectious diseases with exanthemas	TK,S
Growth hormone test evaluation	TK
Evaluation of glucose tolerance test	TK,S,P
Evaluation of the chest x-ray in newborns	TK,S
Evaluation of the chest x-ray in pneumonia	TK,S
Lumbal-puncture, analysis of liquor	TK
Puncture of the ventricles	TK
Intubation	TK
CPR	TK
Setting parameters for mechanical ventilation	TK
Intensive monitoring	TK
Catheterisation of umbilical vein or artery	TK
Transfusion	TK
Diagnosis and treatment of pneumothorax	TK
Haemodialysis	TK
Plasmaferesis	TK
Haemoperfusion	TK
Coronary angiography	TK
Biopsy of the intestines	TK
Bone-marrow puncture	TK
Foreign body removal with bronchoscope	TK
Inserting central venous canule	TK
CVP measurements	TK
Cranial ultrasound examination	TK,S
Abdominal ultrasound examination	TK,S
Echocardiography	TK,S

Fluoroscopy of the thorax for detecting foreign bodies	TK
Evaluation of irrigoscopic examination	TK
Evaluation of brain CT	TK
Evaluation of cystography	TK
Evaluation of urography	TK
Evaluation of gastro-intestinal passage	TK
EEG analysis	TK
<b><i>Surgery skills</i></b>	
<i>Physical examination</i>	TK,S,P
General physical examination	TK,S
Rectal examination	TK,S,P
Filling the death certificate	TK,S,P
<i>Examination of patients with varices</i>	
Trendelenburg-test	TK,S,P
Perthes-test	TK,S,P
<i>Examination of patients with peripheral vascular disease</i>	
Postural-test	TK,S,P
Reactive hyperaemia test	TK,S,P
Capillary refill test	TK,S,P
<i>Examination of abdominal wall hernia</i>	
Examination of the inguinal region during increased abdominal pressure	TK,S,P
Palpation of hernias	TK,S,P
<i>Traumatology</i>	
First-aid	TK,S,P
Evaluation of the mental-stage/orientation with the Glasgow-score	TK,S,P
External chest compression	TK,S,P
Oro-oral and oro-nasal ventilation	TK,S,P
Ventilation with mask	TK,S,P
Intubation	TK,S,P
Evaluating and management of external wounds	TK,S,P
Termination of bleeding	TK,S,P
Transportation of trauma-patient	TK,S,P
Heimlich-manoeuvre	TK,S,P
Transient fixating bandage of traumatic part of body	
Preparation of the surgical area	TK,S
Surgical scrub-in and clothing	TK,S,P
Infiltrational anaesthesia	TK,S
Conductive anaesthesia	TK,S
Incision and drainage	TK,S
Management of infected, necrotic wound	TK,S
Closure	TK,S,P
Stich removal	TK,S,P
Management of burns	TK,S
Applying pressure-bandage	TK,S,P
Reuniting closed fractures	TK,S
Fracture stabilization	TK,S,P
Reduction of dislocation	TK,S

Tranziens fixation of broken extremities	TK,S
Cauterisation of the nail-bed	TK,S
Nail-removal	TK,S
Insertion of nasogastric tube	TK,S,P
Insertion of Foley's catheter in men	TK,S,P
Insertion of Foley's catheter in women	TK,S,P
Suprapubic catheterisation	TK,S
Managing/care of stomas	TK,S
Enema	TK,S,P
Sclerotic treatment of varices via injection	TK
Venous-cannulating	TK,S,P
Pain management	TK,S
Assisting surgical procedures	TK,S,P
<b><i>Psychiatry skills</i></b>	
Acquiring psychiatric history, general	TK,S,P
Acquiring psychiatric history, analyzing life-story	TK,S,P
Acquiring psychiatric history, social background	TK,S,P
Acquiring psychiatric history based on heteroanamnestic data	TK,S
Evaluation sense/consciousness	TK,S,P
Evaluation of realization/cognition	TK,S,P
Evaluation of orientation	TK,S,P
Evaluation of intelligence	TK,S
Evaluation of memory	TK,S,P
Evaluation of thought processes	TK,S,P
Evaluation of mood	TK,S,P
Evaluation of the expression of moods/affect	TK,S,P
Evaluation of behaviour	TK,S,P
Evaluation of affection/desire	TK,S,P
General impression of the patient, detailed	TK,S,P
Recognition of the personal reactions induced by the patient itself	TK
Evaluation the risk of committing suicide	TK,S
Revealing problems with the cooperation of the patient	TK,S,P
Revealing problems with the cooperation of the patient and his/her partner	TK,S
Revealing problems with the cooperation of the family	TK,S,P
Revealing problems in the situation of crisis	TK,S
Revealing problems after suicide attempt	TK,S
Revealing problems in groups	TK,S
Presenting psychiatric problems to colleagues	TK,S,P
Evaluation of MMSE	TK,S,P
Family visit	TK
Psychological examination	TK,S
Recurring pattern recognition and interpretation	TK
Making the diagnosis based on the BNO and DSM IV-TR criteria	TK,S,P
Indications for admission to psychiatry ward	TK,S
Attending consults	TK,S,P
Occupational therapy	TK,S
Play therapy	TK,S

Creative therapy	TK,S
Electroconvulsive therapy	TK,S
Consulting	TK,S
Behavioural therapy	TK
Psychotherapy	TK
Applying sleep-deprivation	TK
Pharmacotherapy	TK,S
Psychopharmacotherapy	TK,S
Applying psychopharmacotherapy	TK,S
Recognition and management of drug interactions and side-effects	TK,S
Recognition of intoxications	TK,S
Recognition of somatic disease causing psychiatric symptoms	TK,S
<b><i>Neurological skills</i></b>	
History	TK,S,P
Examination of the meningeal signs	TK,S,P
Examination of the 1st cranial nerve	TK,S,P
Examination of the 2nd cranial nerve	TK,S,P
Examination of the 3rd cranial nerve	TK,S,P
Examination of the 4th cranial nerve	TK,S,P
Examination of the 5th cranial nerve	TK,S,P
Examination of the 6th cranial nerve	TK,S,P
Examination of the 7th cranial nerve	TK,S,P
Examination of the 8th cranial nerve	TK,S,P
Examination of the 9th cranial nerve	TK,S,P
Examination of the 10th cranial nerve	TK,S,P
Examination of the 11th cranial nerve	TK,S,P
Examination of the 12th cranial nerve	TK,S,P
Examination of the muscle tone	TK,S,P
Examination of the muscle strength	TK,S,P
Examination of latent paresis	TK,S,P
Examination of involuntary movements	TK,S,P
Examination of tactile sensation	TK,S,P
Examination of pain sensation	TK,S,P
Examination of temperature sensation	TK,S,P
Examination of vibration sensation	TK,S,P
Examination of joint position sensation	TK,S,P
Examination of dermolexia and stereognosis	TK,S,P
Examination of deep reflexes (biceps, triceps, radius, ulna, patella, Achilles)	TK,S,P
Examination of superficial reflexes	TK,S,P
Examination of pyramidal signs	TK,S,P
Examination of liberation signs	TK,S,P
Examination of coordination, finger-nose and heel-knee test	TK,S,P
Romberg position	TK,S,P
Examination of blind walking	TK,S,P
Examination of rebound phenomenon	TK,S,P
Examination of dysdiadochokinesis	TK,S,P
Examination of incontinence and retention	TK,S,P

Examination of sudomotor activity	TK,S,P
Examination of consciousness level - Glasgow-coma scale	TK,S,P
Examination of recalling the patient's personal data, orientation in space and time	TK,S,P
Examination of mood, perception and cognition	TK,S,P
Examination of aphasia, alexia, acalculia, agraphia, apraxia	TK,S,P
Examination of memory - MMSE (mini mental state examination)	TK,S,P
Differential diagnosis of disturbed consciousness	TK,S,P
Complex examination of patient with trauma	
Lumbal puncture	TK,S
Cranial and spine X-ray	TK,S
Cranial and spine CT, CTA	TK,S
Cranial and spine MRI, MRA	TK,S
Myelography	TK,S
Duplex carotid ultrasound	TK,S
Transcranial Doppler ultrasound	TK,S
EEG analysis	TK,S
Polysomnography	TK,S
EMG, ENG	TK,S
VEP, BAEP, SSEP, MEP	TK,S
Examination of the liquor, cell-count, Pándy, modern examinations, ELFO	TK,S
Muscle, nerve, and brain biopsy	TK,S
Micro- and macroscopical neuropathological examinations	TK,S
<b><i>Internal medicine skills</i></b>	
<i>History</i>	
Family	TK,S,P
Social	TK,S,P
Self-history	TK,S,P
Previous illness	TK,S,P
Present symptoms (evaluation of symptoms, i.e. change in the habit of defecation, loss of weight, wakness, shortness of breath, fever, etc, listing the diagnostic methods needed to reveal causes/disease)	TK,S,P
Evaluation of the condition of the patient by Karnovsky	TK,S,P
<i>Knowledge/ideas required for up-to-date medical therapy</i>	
The use of electronic databases (i.e. MedSol, Cochrane, PubMed)	TK,S,P
English and/or German fluency (medical, general)	TK,S,P
<i>Physical examination</i>	
General Physical examination	TK,S,P
Examinations of the stature	TK,S,P
Weight, height, BMI and body surface calculation	TK,S,P
Examination of the skin	TK,S,P
Examination of the visible mucus	TK,S,P
Examination of the thorax	TK,S,P
Examination of the heart (palpation, percussion, auscultation)	TK,S,P
Examination of the lungs (percussion, auscultation)	TK,S,P
Examination of the thyroid glands (palpation)	TK,S,P
Examination of the breasts	TK,S,P
Examination of the abdomen	TK,S,P

Examination of the liver (percussion, palpation)	TK,S,P
Examination of the spleen (percussion, palpation)	TK,S,P
Rectal examination (manual)	TK,S,P
Examination of the extremities	TK,S,P
Examination of the circulation	TK,S,P
Detecting pulse qualities	TK,S,P
Palpation of the radial, dors. ped., post. tib. and femoral arteries	TK,S,P
Examination of the oral cavity (without equipment)	TK,S,P
Basic neurological examination (i.e. Romberg, reflexes)	TK,S,P
Mental-state evaluation	TK,S,P
<i>Instrumental, imaging techniques</i>	
BP measuring	TK,S,P
EKG (12-lead)	TK,S,P
Chest X-ray	TK,S
Ultrasound (cervical, abdominal, soft-tissue, color Doppler)	TK,S
Echocardiography	TK,S
CT	TK,S
MRI	TK,S
PET-CT	TK,S
Isotope examinations, scintigraphy	TK,S
Angiography	TK,S
Gastroscopy	TK,S
Colonoscopy	TK,S
Other invasive instrumental examinations (i.e. ERCP, bone marrow and liquor sampling)	TK,S
<i>Labs</i>	
CBC (automatic)	TK,S
(qualitative)	TK,S,P
Urine (test-strip and sediment examination, evaluation)	TK,S,P
Stool bensidine (examination, evaluation)	TK,S,P
Kidney function	TK,S
Liver function	TK,S
Endocrine function (thyroid, adrenal cortex- and medulla, pancreas, hypophysis, etc)	TK,S
Glucose metabolsim (serum glucose, HbA1c, frucosamin, glucose tolerance tests)	TK,S
Blood-gas analysis	TK,S
Inserting Foley's-catheter	TK,S,P
Examination of the electrolyte and acid-base system	TK,S
Investigations for infectious conditions (i.e. haemoculture, serology, PCT, etc)	TK,S
Regular labs (i.e. We)	TK,S
Haemostasis (screening tests, thrombophily, haemorrhagic diseases, thrombocyte function)	TK,S
Bleeding time	TK,S,P
<i>Interventions</i>	
Arterial bloodless BP measurement	TK,S,P
Im, sc, iv injection	TK,S,P
Blood drawing	TK,S,P



Enema	TK,S,P
Intubation	TK,S,P
CPR	TK,S,P
Setting the parameters for mechanical ventilation	TK,S
Biopsy (i.e. intestines, stomach, crista) and its contraindications, knowledge of preprocedural tests for conducting safe procedure	TK,S
Bronchoscopy	TK,S
Haemodialysis	TK,S
Filling the death certificate	TK,S
Declaration of death	TK,S
<i>Therapeutic skills</i>	
Consultsúing, "education" (ie. diabetes, thrombosis, haemophilia, hypertension)	TK,S,P
Being familiar with diets, consulting	TK,S,P
Nursing patient with disability of self-care	TK,S,P
Nursing skills (i.e. changing diapers, assistance with food intake)	TK,S,P
Signing the informed consent	TK,S,P
Managing allergic reaction	TK,S,P
Recognition of medication side-effects, overdose	TK,S
Preparing discharge summary	TK,S
Being familiar with the most common medications	TK,S
Blood product injection (transfusion, etc.)	TK,S
Preparing therapeutic and diagnostic plans	TK,S,P
<i>Joint/associate specialties skills</i>	
<i>Ear-Otolaryngology</i>	
Performing conicotomy in situations with acute suffocation due to upper respiratory tract stenosis	TK,S
<i>Oncology</i>	
Thoracic tap	TK,S,P
Examination of the kidneys	TK,S,P
Examination of the lymphoid glands	TK,S,P
<i>Dermatology skills</i>	
History	TK,S,P
Physical examination	TK,S,P
Identifying of basic dermatological changes and giving precise description	TK,S,P
Differentiation of the most common dermatological diseases (papulosoquamosus, allergic, bacterial, fungal, viral, STD, autoimmune, vesicular, vascular diseases)	TK,S,P
Fungal examination	TK,S
Applying skin tests for identifying allergies	TK,S
Performing light-probe (MED)	TK
Use of topical medications	TK,S,P
Moist-bandage application	TK,S,P
Ulcer bandage	TK,S
<i>Dental and oral diseases</i>	
Oral and head/neck region examination	TK,S,P
Identifying pathological alterations of the oral, head and neck regions	TK,S,P
Introducing the examination, treatment and follow-up plans	TK,S

Counselling, education, screening	TK,S
Tooth extraction	TK,S,P