

# LETTER OF ACCEPTANCE

1 week/30 hrs of emergency medicine practice

Name of the student:.....

Period of practice:.....

Name of the hospital/clinic:.....

Address of the hospital/clinic: .....

Medical school/university the hospital is affiliated with: .....

.....

Contact person : .....

Phone number: .....

E-mail address: .....

The above-named 6th year student is accepted to perform his/her compulsory practice at our institution for the period mentioned above. He/She is entitled to complete the tasks listed on page 2 of this form.

Date:.....

Signature:.....

Stamp

## **EMERGENCY MEDICINE PRACTICE**

### **General program:**

1. Assessment of the emergency patient
2. Importance of informed consent
3. Physical examination (inspection, palpation, percussion, auscultation)
4. Routine laboratory tests (indications, diagnostic accuracy and value)
5. TRIAGE process
6. Radiology /routine chest radiograph, contrast studies, ultrasound scanning
7. Bandage of wounds
8. Administration of i.m. and i.v. injection (under supervision)
9. Intravenous fluid replacement, theory and practice
10. Venous access
11. Catheterization of the urine bladder
12. Involved in the emergency rota