QUESTIONNAIRE FOR "MEDICAL TEACHING HOSPITAL" FOR ACCEPTANCE OF CLINICAL PRACTICES.

Name of the hospital: …….	
Department/unit: ……	

I. Personnel:

Head of the department/unit (name):	
Years worked as a specialist:	

Medical staff of the department/unit:

Number of specialists (doctors only	
Scientific degree:	
Number of residents and non-specialists:	
Number of doctors having more than one specialization	
Specialization(s):	

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 (YES or NO):

Clinical biochemistry:	
Radiology, X-ray, CT, MRI, PET:	
Molecular and macroscopic pathology:	
Other services: Intensive care, multitrauma-care, emergency unit:	

IV. Gradual and post-gradual 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:	

V. Students accepted from the University of Debrecen, Faculty of Medicine:

V.1. Internship year (6th 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:	

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: _____

Signature: _____

Institutional stamp here Title:_____

Date of Signature: _____

Phone/fax/email: _____

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